

**BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form**

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	May 31, 2023	Meeting Date:	June 5, 2023
Contact Information:			
Requested by:	Mark Richards		
On Behalf of Organization or Individual: City of Franklin			
Telephone:	317-736-3631		
Email address:	mrichards@franklin.in.gov		
Mailing Address:	70 E. Monroe Street, Franklin, IN 46131		
Describe Request:			
Request approval of contract for construction of monuments on S. Main Street.			
List Supporting Documentation Provided:			
Proposal			
Who will present the request?			
Name:	Mark Richards	Telephone:	317-736-3631

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.

ESTIMATE



Prepared For

City of Franklin

Stout Renovations

1960 Red Oak Dr
Franklin, In 46131
Phone: (317) 258-1421
Email: mfarley1014@gmail.com

Estimate # 2105

Date 05/31/2023

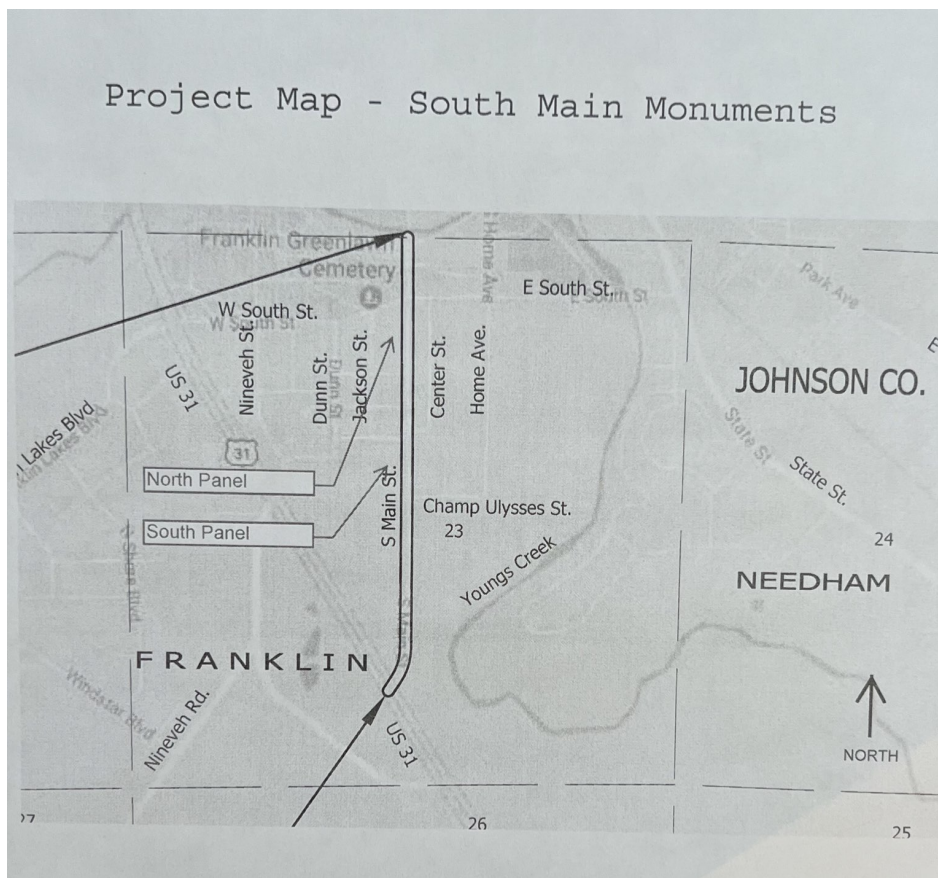
Business / Tax # LICENSE GL2300084

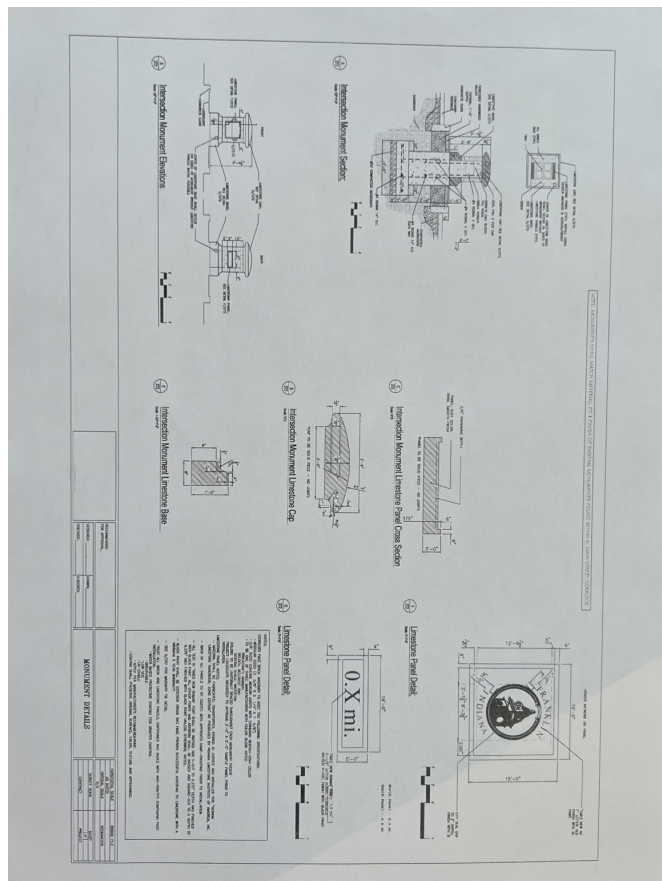
Description	Rate	Quantity	Total
Monument Project	\$16,000.00	2	\$32,000.00
Construct 2 masonry columns specified in accordance with the plans and specs provide by City of Franklin. Masonry columns shall consist of a limestone cap and base, limestone artwork panel, anti-graffiti coating, concrete block, brick, #53 aggregate and rebar.			
City of Franklin will provide hydro vac prior to footing pour.			
Stout Renovations will be responsible for all permitting, materials, labor and disposal.			

Subtotal	\$32,000.00
Total	\$32,000.00

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																															
<p><small>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</small></p> <p><small>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small></p>																																			
PRODUCER: FF2651 LEUGERS INSURANCE GROUP 26 E JEFFERSON ST STE B FRANKLIN, IN 46131-2321		CONTACT: Eric Leugers PHONE: 317-739-0399 FAX: 317-739-0179 E-MAIL: eric@leugersinsurance.com ADDRESS:																																	
INSURED: Stout Renovations LLC 1960 Red Oak Dr Franklin, IN 46131		INSURER(S) AFFORDING COVERAGE: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Erie Insurance Company</td> <td>26263</td> </tr> <tr> <td>INSURER B: Erie Insurance Property & Casualty Company</td> <td>26830</td> </tr> <tr> <td>INSURER C: Erie Insurance Exchange</td> <td>26271</td> </tr> <tr> <td>INSURER D: Erie Insurance Company of New York</td> <td>16233</td> </tr> <tr> <td>INSURER E: Flagship City Insurance Company</td> <td>35585</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>				INSURER	NAIC #	INSURER A: Erie Insurance Company	26263	INSURER B: Erie Insurance Property & Casualty Company	26830	INSURER C: Erie Insurance Exchange	26271	INSURER D: Erie Insurance Company of New York	16233	INSURER E: Flagship City Insurance Company	35585	INSURER F:																	
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<p><small>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSURANCE TYPE</th> <th>ADDL. SUBR. IND. NO.</th> <th>POLICY NUMBER</th> <th>POLICY EFF. DATE (MM/DD/YYYY)</th> <th>POLICY EXP. DATE (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </td> <td></td> <td>Q42 1551773</td> <td>6/15/23</td> <td>6/15/24</td> <td> EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 </td> </tr> <tr> <td> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTOS ONLY </td> <td></td> <td></td> <td></td> <td></td> <td> COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ </td> </tr> <tr> <td> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EXCESS LIAB <input type="checkbox"/> RETENTION \$ Y/N <input type="checkbox"/> N/A </td> <td></td> <td></td> <td></td> <td></td> <td> EACH OCCURRENCE \$ AGGREGATE \$ </td> </tr> <tr> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td></td> <td></td> <td></td> <td></td> <td> PER STATUTE <input type="checkbox"/> 12TH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ </td> </tr> </tbody> </table>						INSURANCE TYPE	ADDL. SUBR. IND. NO.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Q42 1551773	6/15/23	6/15/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EXCESS LIAB <input type="checkbox"/> RETENTION \$ Y/N <input type="checkbox"/> N/A					EACH OCCURRENCE \$ AGGREGATE \$	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> 12TH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Franklin is listed as an Additional Insured. The Additional Insured coverage shall be primary & non-contributory insurance with respect to any other insurance.																																			
CERTIFICATE HOLDER			CANCELLATION																																
City of Franklin 70 E Monroe Franklin, IN 46131			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Stacey Ratliff</i>																																

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Marissa Stout

City of Franklin